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ABSTRACT

The paper describes the GEL (Guidelines for Early Learning) Program developed by the Easter Seal Society of Southwest Florida which serves children, aged 4-6 years, with language, learning, and/or developmental problems. Developmental theories of Piaget and Chomsky and the model of David Weikart's High Scope Program were used to develop the GEL program which initially served eight children. An interdisciplinary program staff included a Director (child development specialist), a speech pathologist, an occupational therapist, and an early childhood educator, with consultation services from a pediatric neurology clinic and a local pediatrician. A therapy services center provided individual motor and/or speech therapy and supplemented the educational facility which was divided into four centers (motor, cognitive, language, and social) to facilitate new learning in each of these areas. An individual educational development plan was written for each student after multidisciplinary assessment. Daily progress was recorded and shared with parents weekly. After 6 months, each of the students demonstrated developmental growth of 1.4 years as measured by pre- and post-tests. Contains nine references. (DB)

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A Condensed Report of an Early Education Pilot Program Using A Developmentally Appropriate Practice for Children with Language and Learning Problems: The GEL Program (Guidelines for Early Learning)

By

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ABSTRACT

The Easter Seal Society of SW Florida's GEL Program (Guidelines for Early Learning) based on the developmental theories of Piaget and Chomsky was an early education program using a developmentally appropriate practice for children 4 -6 years old, who have demonstrated language, learning and/or developmental problems. The program consists of a multidisciplinary team of: early childhood specialists, early childhood educators, a pediatric neurologist, an occupational therapist and a speech and language pathologist.

The program was developmental in nature and was designed to guide and encourage language, cognitive, social and motor development. This paper will describe how this special program was planned and implemented in a non-profit organization.

A Condensed Report of an Early Education Pilot Program
Using A Developmentally Appropriate Practice
for Children with Language and Learning Problems:
The GEL Program (Guidelines for Early Learning)

The Easter Seal Society of SW Florida's GEL Program based on the developmental theories of Piaget (1976) and Chomsky (1987), was an early education program for children 4 - 6 years old, who have demonstrated language, learning and/or developmental problems. The GEL developed by Jeffrey Ian Gelfer, was designed to develop language competence, intellectual skills, motor skills, motivation and social skills through a developmental appropriate practice. That is, the program was designed for the age group served and implemented with specific attention to the needs and differences of the individual children enrolled (NAEYC, 1986).

The program evolved due to the limited early education programs available in SW FL for young children who comprised language and learning processing deficits. The identification of these children was not based on the failure in academic subjects, it was directly related to behavior observed by parents, preschool teachers, healthcare workers and pediatricians on age appropriate tasks. The most common disorders that showed up in these children included a) failure to understand or respond to meaningful expressions (oral language, visual symbols), b) failure to participate within the environment or the child's relation to it (poor motor control, body image, visual and auditory

discrimination) and/or c) lack of attention and related disorders. Medical Doctors and professional health care workers of Sarasota and Manatee Counties, Florida expressed a concern to the Easter Seal Society of SW FL regarding young children they had identified with processing deficits. These children's needs were not being met by either county because they did not qualify for any early language education programs in the school districts; therefore, the director and the Board of the ESS decided it was necessary to develop and implement an early education program that was developmentally appropriate and applicable to young children with language, learning problems. In order to acquire funding for this project, a private grant was obtained for assistance in the initial operations.

This paper will describe how this special program was planned and implemented at a non-profit organization.

General Description of Program:

Purpose

The purpose of the program was to help children acquire cognitive, language, social and physical skills that would help curtail failure and provide effective learning and coping skills in the primary grades. The program was based on David Weikart's High Scope Program which addresses children's intellectual, social and physical needs and encourages child initiative learning activities within a supportive environment (Weikart, 1971).

Population

Initially 8 children, ages 5-6, and their families participated in the program. The children were identified as children having speech and language and developmental problems. The families represented a variety of socio-economic backgrounds. Students were referred by Sarasota and Manatee Counties Child Find, local pediatricians, and pediatric health care professionals.

Program Components:

Medical and Therapeutic Staff Component

The program included a pediatric neurology clinic which was staffed once a month for all enrolled children. A local pediatrician was also available, as needed, for screening procedures and consultation. The program's staff included a Director (child development specialist), a speech pathologist, an occupational therapist, and an early childhood educator all of whom worked cooperatively in a multidisciplinary team format. (See Figure 1)
The program's staff took responsibility for ascertaining strengths and weaknesses of the child with an initial examination and periodic updates thereafter.

Description of the facilities

The location of the GEL Program was within the Easter Seal Society of SW FL facility in Sarasota, Florida. The physical facility was divided into 4 centers (i.e., motor,

cognitive language and social). Each center represented an environment that encouraged and facilitated new developmental acquisitions. The centers were equipped with sensory materials (e.g., legos, blocks, puzzles, lacing cards and etc) and developmental and educational games that addressed the necessary language, social, motor and cognitive skills.

Each child received individual motor and/or speech therapy in the therapy services center, which was directly adjacent to the educational facility. This center was made up of individual therapeutic rooms as well as large designated areas for gross motor development. There were two rooms designed specifically for occupational therapy, two evaluation rooms, one speech/language room and one medical examination room for the pediatric neurology clinic and the pediatric consultant. The facilities were made as inviting as possible with a combination of the use of light and color. For example a local art college, "Ringling School of Art and Design," volunteered to design and paint cheerful jungle and ocean scenes on the surrounding walls of the facilities.

Directly outside the program facility was a playground area and a vegetable and flower garden which the children planned and cared for. The facilities were modified to allow for opportunities to explore, interact and acquire new concepts, skills and knowledge.

Program Schedule Component

The program ran 5 mornings a week 9:00 - 12:00, 10 months a year. Table 1 outlines the "typical" daily schedule which was followed. Therapy sessions for occupational therapy and speech were scheduled twice a week for children after the daily educational component had concluded. Parent supportive education and involvement were considered to be significant elements in the child's education program. In addition to the IDEP training, parents were strongly encouraged to participate and/or observe in the child's program and individual therapy. Parents were taught to organize the home environment and encourage and guide new language, motor, social and cognitive developments (utilizing activities such as lacing, cutting, drawing, puzzle play, block building, puppet play, cooking, cleaning, observing and etc.). All of the parents participated in each 2 month IDEP Review and periodic home visits were made by the program staff to assist the parents with the necessary skills and knowledge that contributed to the child's growth and development. Also, there were informal meetings with the parents which helped the staff initiate or follow-up on important issues as they were identified.

Assessment Procedure

A multidisciplinary team (i.e., specialists, psychologists, speech and language pathologist, occupational therapists, pediatric neurologist and pediatrician) worked closely with the early childhood educator in planning each child's IDEP. Each team member assessed each child based on the member's area of specialization. The planning, assessing, reporting cycle could continue and IDEP's could be revised as required. This particular assessment procedure worked well because each member of the team had a complete idea of each child's status, rather than an isolated view of the child's progress (See table 2).

All referred students were screened by a combination of observation and standardized instruments. The McCarthys Scales of Children's Abilities. Peabody Picture Vocabulary Test, Goldman Friscoe Test of Articulation and Carrow Elicited Language Inventory were used for ascertaining language development. The Developmental Test of Motor Integration, Boehm Test of Basic Concepts and Vineland Social Maturity Scale were also used to ascertain fine motor, cognitive and affective development and skills.

As each child entered the program, he/she was tested and observed by the staff. Observations were made regarding language capability, fine and gross motor capabilities, cognitive and social development and the IDEP was formulated.

Each child's individualized developmental education

plan (IDEP) was implemented in the program and at home. The Individual Educational Developmental Plan contained:

1) a statement of the child's present levels of physical, cognitive, language and speech and psychosocial development based on acceptable, objective criteria ascertained by the staff,
2) a statement of the developmental outcomes expected to be achieved for the child and family, the acceptable criteria established by the staff, experiences and procedures used to determine the degree to which progress and growth were being made,
3) the name of the facilitator who was responsible for implementing the plan and coordinating with other persons.
4. the procedure taken supporting the child's transition into the school system.

Educational Component

The educational experiences and activities developed and planned covered a wide range of skills, concepts and attitudes. Children were expected to progress according to their individual levels of development (Elkind, 1989).

The learning environment provided each child with the structure to plan his/her own activities with teacher guidance and each child was free to explore an interest as long as he/she wanted or until the experience was completed.

There were at least 3 staff members within the learning environment at all times and an abundance of varied physical materials were always available. The students were encouraged to use language to label people, places and objects; to use words in extended and increasingly complex sentences; to participate in prolonged verbal exchanges and to use language in the solution of problems (Cazden, 1981). The development of language concepts and perceptual or sensory skills were integrated so that all lead toward the ability to relate, classify, and generalize ideas and objectives (Cazden, 1981).

In the area of social and emotional development the program fostered attitudes and behaviors related to greater self awareness and self control, increased levels of aspiration, and improvement of self image. These areas were related to problem solving and development of positive attitudes toward learning through planned and spontaneous social experiences found within the learning environment (Erikson, 1971).

The staff's primary goal was that of organizing and maintaining an environment for learning. The staff planned, selected and organized material and activities according the the students' interests and levels of development. The staff used inquiry methods, elicited responses and encouraged spontaneity.

The program's daily schedule allowed children to plan,

experience and evaluate their daily performance. Group instruction was integrated into the daily schedules as well. Daily progress was collected and recorded at the end of each school day in the children's journals. This information was shared with the parents every Friday. Parents were provided with their child's progress and received input on how they could follow-up at their home.

The classroom was arranged into centers. Each center was represented by a color (Yellow=social center, Blue=gross motor, Orange=language & cooking, and Green=library & cognitive games). All materials could be found within the learning environment and all of the children were encouraged to examine and explore their environments materials. Each child's work time was carefully planned and recorded by the child. Recording was done by placing the color circles representing each center beside the individualized plan which was written on the chalk board for each student. The children had to pursue the planned day according to their selected sequence.

Students could not switch centers until they had completed their tasks. Once the tasks were completed, then they removed the completed center's circle from the chalk board and proceeded to the next planned activity. After completing Work Time (centers) students would be directed to participate in a circle time which focused in on language group experiences and music activities. Next they would

proceed to Group Time which involved social experiences, dance, musical events or outdoor events. Some of the group activities involved preparing a flower and vegetable garden and then maintaining it. There were also group activities which combined a snack time with a cooking activity (e.g., making a fruit salad, measuring ingredients). At the closing of the cooking activity, students were asked to repeat the sequence of events used in preparing the snack, which reinforced memory, seriation, and classification skills.

Early Findings

The programs first six months appeared to be very successful. One indicator of this was that each one of the students demonstrated a 1.4 year growth as measured by pre and posttests of the Carrow Elicited Language Inventory, Goldman Friscoe Test of Articulation and the Peabody Picture Vocabulary Test collectively. Other indicators were parent responses based on formal and informal debriefings; for example, a summer session was requested by all of the parents. The students expressed that they were happy with the "school", both to the staff and to their parents. The staff members stated that they were very pleased with the initial phases of the new program. Currently additional data are being collected for additional indicators of the program's success (e.g., local school system, executive staff at Easter Seals, active local pediatricians in this area). Although the initial data are limited, the potential for

students with special needs to improve by participating in a developmentally appropriate program seem to be encouraging.

Conclusion

Four major areas were considered when planning the GEL program. The first included childrens' experiences to practice developmental tasks (Tyron & Lilienthal, 1950). The experiences encouraged students to acquire appropriate dependence-independence patterns, establish health patterns for giving and receiving attention, encourage physical growth and originating communication experiences that could augment the child's utilization of symbols (Day & Drake, 1986).

The second area focused on the program's staff. The staff's knowledge of the physical, social, language and cognitive development of children was essential for assisting students to acquire new concepts and skills.

The third area the program emphasized the content. Because preschoolers learn from actual hands on experiences and begin to classify, seriate and organize spatial and temporal relations: these guidelines were used to determine what should be included in the curriculum.

The fourth area considered was the classroom environment. The environment was designed to encourage children to be independent, cooperate and cope with expectations of the learning environment.

The GEL Program was based primarily on Piaget's cognitive theories, Bruner's insistence on concrete learning experiences, Chomsky's language theory and the works of Cazden, Brown and Bellugi. The program derived its theoretical bases and practices from the combined works of these specialists.

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For a more complete description of the program please contact Jeffrey Ian Gelfer, Ph.D. UNLV, College of Education, 4505 Maryland Parkway, LV, NV 89154.

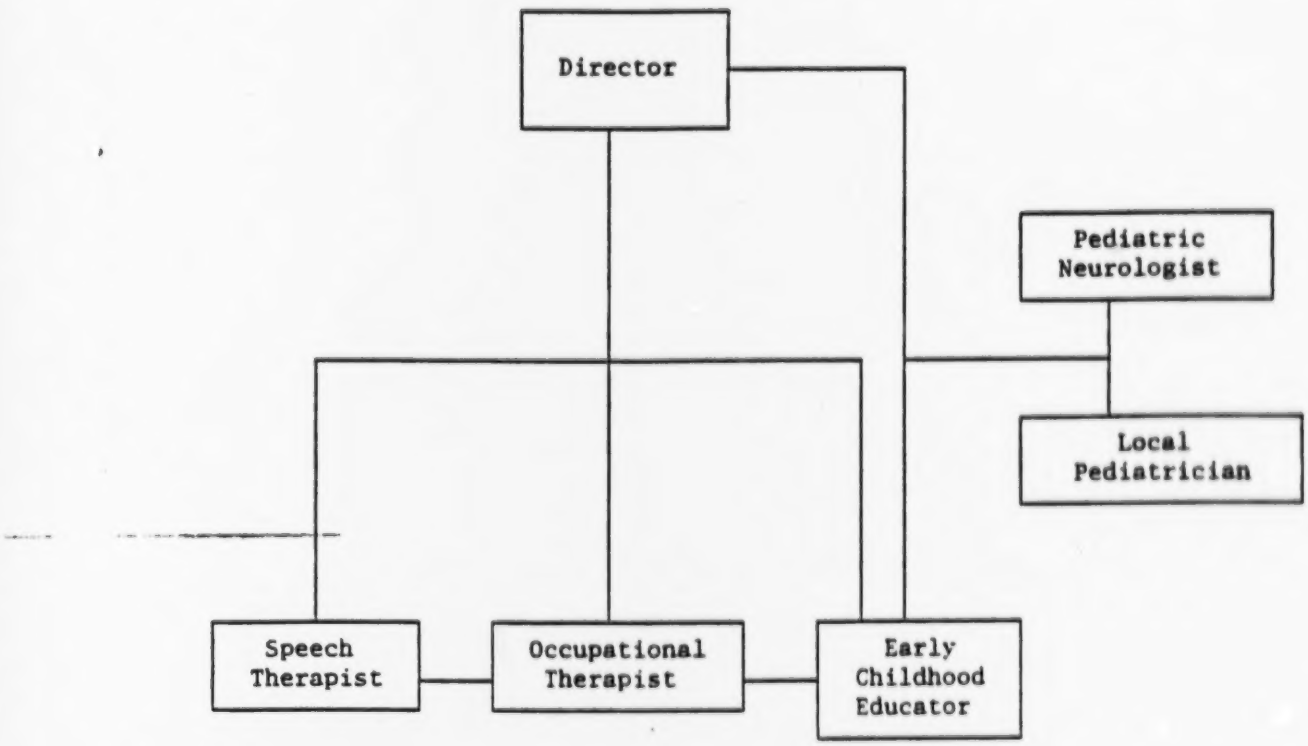

Figure 1. Staff Network

Table 1

Daily Schedule

9:00 - 9:15	Arrival	(free play)
9:15 - 9:30	Planning Time	
9:30 - 10:30	Work Time	(centers work)
10:30 - 10:45	Cleanup Time	
10:45 - 11:00	Circle Time	(large group experiences)
11:00 - 11:25	Group Time	(outdoor play, social play)
11:30 - 11:50	Cooking Time	
11:50 - 12:00	Evaluation Time	
12:00 - 1:00	Therapy as Needed	

Table 2

GEL Program's Placement/Organizational Procedure

1. Referred by MD, Child Find, Preschool, Speech & Language Pathologist, Occupational Therapist or Agency working with handicapped children.
2. Schedule Assessments (Neurological,, Psychological, Speech and Language, Motors and Educational)
3. Individual Assessments for each area of specialization.
4. Individual Developmental Education Plan (IDEP) developed and discussed with parents.
5. Placement into program and schedule individual therapy.
6. Every month multidisciplinary team review child's complete "picture" of progress
7. Every two months new IDEP is established (if necessary) and past progress is recorded.

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